

***Town of Tyngsborough  
Zoning Board of Appeals***

Town Hall-25 Bryants Lane  
Tyngsborough, MA 01879-1003  
(978) 649-2300, Ext. 115

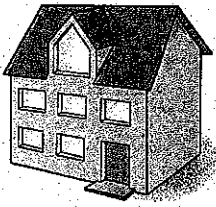
To: Applicant  
From: Tyngsborough Zoning Board of Appeals  
RE: Filing an Application with the Zoning Board of Appeals

When filing with the Zoning Board of Appeals (ZBA), please consult the Tyngsborough Zoning By-Laws. Books are available from the Planning Board for \$10.00 or can be viewed on the Town website: [www.tyngsboroughma.gov](http://www.tyngsboroughma.gov).

1. Please submit twelve (12) copies of the completed ZBA Application with the appropriate attachments and fees (filing fee and Consultant Release 53G account fee) with the Tyngsborough Zoning Board of Appeals during regular business hours.
2. Please review the attached ZBA Application Filing Checklist for the list of documents that **MUST** be submitted with your application and include the following:
  - a. 12 completed copies of the Application to the Board of Appeals with the required supporting documents.
  - b. Filing Fee (\$400)
  - c. Completed Consultant Release Form and required fee (\$1,000)  
Note: Legal notice, abutter notification mailing expenses, and any necessary engineer expenses will be paid from this account. Any account balance remaining at the end of the project will be refunded to the applicant.
3. Hearings are held on the 2<sup>nd</sup> Thursday of the month. **All applications must be received by the 15<sup>th</sup> of the month for hearings the following month.** If the 15<sup>th</sup> day of the month falls on a weekend or holiday, the application must be submitted by 12:00 Noon on the next business day.
4. The Tyngsborough ZBA will advertise the hearing in the **LOWELL SUN** for two (2) consecutive weeks at the applicant's expense. Please include an original abutters list which can be obtained from the Tyngsborough Assessor's office.
5. In addition, the ZBA office will notify all of the listed abutters of the date and time of the Public Hearing by Certified Mail/Return Receipt at the applicant's expense.

Failure of the applicant to follow the above instructions will result in the application being rejected, and thereby denied by the ZBA and returned to the applicant. The rejected application form will detail the reason for the **Denial** with a copy filed with the Tyngsborough Town Clerk.

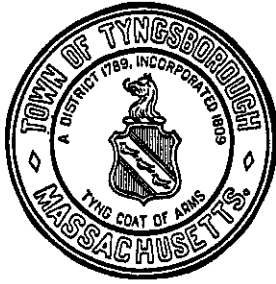
Sincerely,  
Tyngsborough Zoning Board of Appeals



**ZONING BOARD OF APPEALS MEETINGS SCHEDULED  
2016**

**The Tyngsborough Planning Board holds its monthly meetings at Town Hall,  
25 Bryants Lane, on the 2<sup>nd</sup> Thursday of each month at 6:30pm in the  
Community Room or Meeting Room**

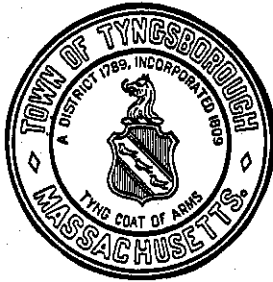
**JANUARY 14, 2016  
FEBRUARY 11, 2016  
MARCH 10, 2016  
APRIL 14, 2016  
MAY 12, 2016  
JUNE 9, 2016  
JULY 14, 2016  
AUGUST 11, 2016  
SEPTEMBER 8, 2016  
OCTOBER 13, 2016  
NOVEMBER 10, 2016  
DECEMBER 8, 2016**



*Town of Tyngsborough*  
*Zoning Board of Appeals*  
25 Bryants Lane,  
Tyngsborough, Massachusetts 01879-1003  
Office: (978) 649-2300 Ext. 115

## **ZBA APPLICATION FILING CHECKLIST**

- \_\_\_\_\_ **Completed Application twelve (12) Copies**
- \_\_\_\_\_ **Certified Plot Plan (12 Copies):** The plot plan must show the total square foot area, frontage, side yard, and rear yard dimensions. All dwellings and existing structures must be clearly shown on this plan. **Further, the proposed addition or dwelling, or structure must be clearly labeled on the Certified Plot Plan.**  
  
**NOTE:** A Mortgage Plan is **NOT** an acceptable substitute for a Certified Plot Plan.
- \_\_\_\_\_ **Certified List of Abutters (12 Copies):** The abutters list is available from the Assessor's Office.
- \_\_\_\_\_ **Consultant Release Form and fee (\$1,000)**  
**BANK CHECK OR MONEY ORDER ONLY: Made payable to the Town of Tyngsborough.**  
  
**NOTE:** The Town Treasurer **WILL NOT** accept a personal or business check.
- \_\_\_\_\_ **Plan of Land (12 Copies):** A Mortgage Plan **IS** acceptable and shows how the lot or lots were originally created. This plan will also show how the boundaries of the lots were set and their total area square footage. The property's Deed reference's a Plan of Land which is recorded at the Lowell Registry of Deeds or online at [www.masslandrecords.com/MiddlesexNorth/](http://www.masslandrecords.com/MiddlesexNorth/)
- \_\_\_\_\_ **Recorded Deed (12 Copies):** A property Deed which has been recorded at the Lowell Registry of Deeds or Land Court confirms that the name of the owner on the petition is exactly the same as it appears on the Deed.
- \_\_\_\_\_ **Applicable Section of the Zoning By-Law (12 Copies):** Include a copy of the by-law section you are requesting a Variance or Special Permit for.
- \_\_\_\_\_ **Certified Copy of Building Plans (12- 11 x 17 sized copies)**
- \_\_\_\_\_ **Application Filing Fee (\$400)**  
**(Personal or business check accepted and made payable to the Town of Tyngsborough)**



[ Case No: \_\_\_\_\_  
[  
[ Date App Filed: \_\_\_\_\_  
[  
[ Hearing Date: \_\_\_\_\_  
[  
[ Decision: \_\_\_\_\_  
[ Do not write in this space  
[

**TOWN OF TYNGSBOROUGH  
APPLICATION TO THE BOARD OF APPEALS**

Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

1. Application is hereby made: (Check one or more and fill in appropriate blank spaces.)
- ☐ (a) For a **Variance** from the requirements of Section \_\_\_\_\_ Para. \_\_\_\_\_ of the Zoning By-Law.
  - ☐ (b) For a **Special Permit** under Section \_\_\_\_\_ Para. \_\_\_\_\_ of the Zoning By-Law
  - ☐ (c) As a party aggrieved, for review of a decision made by the Building Commissioner or other authorities.

Set forth other authorities:

\_\_\_\_\_

2.

- ☐ (a) Premises affected is vacant land and buildings numbered \_\_\_\_\_  
\_\_\_\_\_
- ☐ (b) Premises affected is vacant land with frontage on \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Street(s).

Describe how to locate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. (a) Premises affected in Zoning District \_\_\_\_\_

The premises has an area of \_\_\_\_\_ square feet

Frontage of \_\_\_\_\_ feet. Side yard setback of \_\_\_\_\_ feet and

\_\_\_\_\_. Front yard setback of \_\_\_\_\_ feet.

(b) Stone bounds (are) (are not) existing on premises.

(c) Assessors Map \_\_\_\_\_, Lot \_\_\_\_\_.

4. Ownership:

Name and Address of owner (if joint ownership, give all names):

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5. (a) Size of (proposed) (existing) structure: \_\_\_\_\_ feet.

Front: \_\_\_\_\_ feet.

Height: \_\_\_\_\_ feet. Stories \_\_\_\_\_.

Total floor area \_\_\_\_\_ square feet.

(b) Approximate date of erection, if known: \_\_\_\_\_

(c) Present occupancy of use: (of each floor or section) \_\_\_\_\_

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6. Description of proposed work and use: \_\_\_\_\_

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7. Has applicant made a previous appeal involving these premises to this Board: \_\_\_\_\_

If "yes" give the date of the appeal: \_\_\_\_\_

8. Deed recorded with the Middlesex North District Registry of Deeds

Book \_\_\_\_\_, Page \_\_\_\_\_

Land Court Department of said Registry of Deeds (Registered Land):

Certificate No. \_\_\_\_\_, Book \_\_\_\_\_, Page \_\_\_\_\_

Attach copy of Deed or Certificate

9. The reasons for the change that I request are as follows: (Use additional page(s), if necessary.)

Names and address of parties in interest as defined in M.G.L. c 40A, § 11.

Use additional pages(s), if necessary.

Abutters: \_\_\_\_\_

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Other parties in interest:

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I represent that the information submitted by the undersigned is true to the best of my knowledge.

Date: \_\_\_\_\_ Signature of person who filled out form:

\_\_\_\_\_  
\_\_\_\_\_

(Type or print name, address and phone)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

\_\_\_\_\_

(Type or print name, address and phone)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the applicant is not the owner of the premises, please submit documentation that the owner authorizes this application.





**Town of Tyngsborough**  
**ZONING BOARD OF APPEALS**

25 Bryants Lane,

Tyngsborough, Massachusetts 01879-1003

ZBA Office: (978) 649-2300, Ext. 115

Fax: (978) 649-2301

**CONSULTANT RELEASE FORM**

Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Location: \_\_\_\_\_

Applicant: \_\_\_\_\_

I, \_\_\_\_\_ (please print), agree to pay the cost and expense of any expert consultant deemed necessary by the Tyngsborough Zoning Board of Appeals to review the attached application. I understand that I may seek an administrative appeal from the selection of the outside consultant to the Board of Selectmen. The grounds for such appeals shall be limited to claims that the consultant selected has a conflict of interest or does not possess the minimum required qualifications.

I further agree to attach a **BANK CHECK** or **MONEY ORDER** made out to the Town of Tyngsborough for \$1000.00 or such amount as determined appropriate by the Zoning Board of Appeals, to this form for the purpose of payment for the consultant review. If when completed, the consultant review costs are less than \$1000.00, I understand that I will be reimbursed for the balance of the \$1000.00. If the consultant review costs exceed \$1000.00, I understand that I will be billed for the balance of the review costs.

Amount: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Applicant's Company: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Telephone Number: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_